

Sex Motivated Crime Report

APPENDIX

E

For information on Michigan's sexually motivated crime filing system, see Section 11.5.

DD-79 (01/01)
MICHIGAN STATE POLICE

SEX MOTIVATED CRIME REPORT

PA 132 of 1955 requires the Sheriff of every county and the Chief Executive Officer of the police department of every city, village, and township to make a report to this bureau of accused persons against whom a warrant has been issued and the disposition thereof in sexually motivated crimes. The reports shall be kept confidential and shall be available for examination only by the Attorney General, a Prosecuting Attorney, a court of record, Sheriff, Chief Executive Officer of the police department of any city, village or township and their authorized officers and by them held confidential except for official use. A person who violates the confidential provisions of this Act shall be guilty of a misdemeanor. Disclosure of confidential information is also protected by the Federal Privacy Act.**

28.246 NEGLECT OR REFUSAL OF OFFICERS TO PERFORM DUTIES AS MISDEMEANOR; PENALTY (M.S.A. 4.466)

Sec. 6. Neglect or refusal of any of the officers or officials mentioned in sections 2, 3 and 7 to report as required under this act or to perform any other act required to be performed by him or her under this act shall constitute a misdemeanor, punishable by a fine of not less than \$25.00 nor more than \$100.00, or by imprisonment for not more than 60 days, or both. Such neglect or refusal shall also constitute malfeasance in office and subject the officer or officers to removal from office.

AUTHORITY: 1955 PA 132
1986 PA 231
COMPLIANCE: REQUIRED
PENALTY: SEE ABOVE

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM

THE SEX MOTIVATED CRIME REPORT (DD-79) MUST BE COMPLETED TO EXPEDITE THE ENTRY OF SUBJECTS INTO THE SEX MOTIVATED CRIME DATABASE AS MANDATED BY P.A. 132. IT IS IMPORTANT TO FOLLOW ALL THE INSTRUCTIONS CAREFULLY IN ORDER TO ASSURE ACCURACY AND COMPLIANCE.

USE A BLACK FELT TIP PEN FOR ALL BLOCK AREAS DO NOT TYPE FORM

ALL LETTERS SHOULD BE IN UPPER CASE - FILL IN HANDPRINT BOX TO MAXIMUM BORDERS

EXAMPLES



DO NOT CROSS 0's OR 7's

NUMERIC CHARACTERS MUST FILL TO MAXIMUM BORDERS

CATEGORIES REQUIRING A MARKED BOX SHOULD BE FILLED IN COMPLETELY.

STAPLE SUBJECT PHOTO TO SPACE PROVIDED ON REVERSE SIDE OF INSTRUCTION SHEET.

IT IS IMPORTANT THAT A SHORT CASE SUMMARY BE INCLUDED WITH THE DD-79. ADDITIONAL SPACE IS PROVIDED ON REVERSE SIDE OF INSTRUCTION SHEET.

SUBMIT ORIGINAL FORM TO: **MICHIGAN STATE POLICE
INVESTIGATIVE RESOURCES SECTION
714 S. HARRISON
EAST LANSING, MI 48823**

DD-79 (01-01)
Michigan State Police

SEX MOTIVATED CRIME REPORT

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FOR STATE USE ONLY										NAME OF DEFENDANT:																																																																																									
CID #										LAST																																																																																									
FIRST										MIDDLE										SUFFIX																																																																															
HOUSE NUMBER										STREET NAME										CITY																																																																															
COUNTY RESIDENCE										STATE										BIRTHDATE										HEIGHT										WEIGHT										SEX										SOCIAL SECURITY																																							
																				Month										Day										Year (4 digits)										Ft										Inches										Lbs										1=M/2=F										Number									
COUNTY OF OFFENSE										DATE OF OFFENSE										ALIAS										TYPE OF EMPLOYMENT										COUNTY OF PREVIOUS RESIDENCE: Number																																																											
										Month										Day										Year (4 digits)																																																																					
VEHICLE OWNED/OPERATED										COLOR										OPERATORS LICENSE																																																																															
Year (4 digits)										Make										Model										Top										Bottom																																																											
OPS/STATE										VEHICLE IDENTIFICATION NUMBER										Number										LICENSE PLATE										State																																																											
REPORTING DEPT. ORI										DEPARTMENT INCIDENT NUMBER										OFFICER MAKING REPORT																																																																															
M I																																																																																																			

Completely darken squares (* = required category)

OFFENDER STATUS * Suspect ☐ Arrested ☐ PHOTO ☐

<p>* RACE</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Other _____</p>	<p>* HAIR COLOR</p> <p><input type="checkbox"/> Blond/Lt. Brown</p> <p><input type="checkbox"/> Brown/Dark</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Gray/Partial Gray</p> <p><input type="checkbox"/> Red/Auburn</p> <p><input type="checkbox"/> Dyed</p>	<p>* HAIR TYPE</p> <p><input type="checkbox"/> Bald/Partially Bald</p> <p><input type="checkbox"/> Crew Cut/Flat Top</p> <p><input type="checkbox"/> Processed</p> <p><input type="checkbox"/> Long Sideburns</p> <p><input type="checkbox"/> Medium-over ears</p> <p><input type="checkbox"/> Short-above ears</p> <p><input type="checkbox"/> Long/below shoulders</p> <p><input type="checkbox"/> Other _____</p>	<p>EYE COLOR</p> <p><input type="checkbox"/> Blue</p> <p><input type="checkbox"/> Gray</p> <p><input type="checkbox"/> Hazel-Green</p> <p><input type="checkbox"/> Brown</p> <p><input type="checkbox"/> Brown/black</p>	<p>EARS</p> <p><input type="checkbox"/> Protruding</p> <p><input type="checkbox"/> Cauliflower</p> <p><input type="checkbox"/> Pierced</p> <p><input type="checkbox"/> Other _____</p>	<p>DEFORMITIES</p> <p><input type="checkbox"/> Bow-legged</p> <p><input type="checkbox"/> Hunchback</p> <p><input type="checkbox"/> Crippled (L) arm</p> <p><input type="checkbox"/> Crippled (R) arm</p> <p><input type="checkbox"/> Crippled (L) hand</p> <p><input type="checkbox"/> Crippled (R) hand</p> <p><input type="checkbox"/> Crippled (L) leg</p> <p><input type="checkbox"/> Crippled (R) leg</p> <p><input type="checkbox"/> Fingers</p> <p><input type="checkbox"/> Other _____</p>
<p>SPEECH</p> <p><input type="checkbox"/> Accent/Foreign</p> <p><input type="checkbox"/> Accent/Southern</p> <p><input type="checkbox"/> Mumble/Stutter/Lisp</p> <p><input type="checkbox"/> Mute</p> <p><input type="checkbox"/> Nothing Unusual</p>	<p>TEETH</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Irregular</p> <p><input type="checkbox"/> Gold</p> <p><input type="checkbox"/> Stained/Decayed</p> <p><input type="checkbox"/> False</p> <p><input type="checkbox"/> Missing</p> <p><input type="checkbox"/> Gaps</p> <p><input type="checkbox"/> Chipped</p> <p><input type="checkbox"/> Protruding</p> <p><input type="checkbox"/> Braces</p>	<p>SCARS</p> <p><input type="checkbox"/> Cheek, left</p> <p><input type="checkbox"/> Cheek, right</p> <p><input type="checkbox"/> Chin</p> <p><input type="checkbox"/> Ear, left</p> <p><input type="checkbox"/> Ear, right</p> <p><input type="checkbox"/> Eyebrow, (L)</p> <p><input type="checkbox"/> Eyebrow, (R)</p> <p><input type="checkbox"/> Forehead</p> <p><input type="checkbox"/> Harelip</p> <p><input type="checkbox"/> Lip, lower</p> <p><input type="checkbox"/> Lip, upper</p> <p><input type="checkbox"/> Leg, right</p> <p><input type="checkbox"/> Leg, left</p>	<p>FACIAL HAIR</p> <p><input type="checkbox"/> Beard/Goatee</p> <p><input type="checkbox"/> Mustache</p>	<p>EYE DEFECTS</p> <p><input type="checkbox"/> Bulging</p> <p><input type="checkbox"/> Crossed</p> <p><input type="checkbox"/> Different Colors</p> <p><input type="checkbox"/> Missing/Glass Eye</p> <p><input type="checkbox"/> Glasses/Contacts</p> <p><input type="checkbox"/> Other _____</p>	<p>AMPUTATIONS</p> <p><input type="checkbox"/> Arm, left</p> <p><input type="checkbox"/> Arm, right</p> <p><input type="checkbox"/> Hand, left</p> <p><input type="checkbox"/> Hand, right</p> <p><input type="checkbox"/> Fingers, left</p> <p><input type="checkbox"/> Fingers, right</p> <p><input type="checkbox"/> Leg, left</p> <p><input type="checkbox"/> Leg, right</p> <p><input type="checkbox"/> Foot, left</p> <p><input type="checkbox"/> Foot, right</p> <p><input type="checkbox"/> Ear, right</p> <p><input type="checkbox"/> Ear, left</p>
<p>BLOOD TYPE</p> <p><input type="checkbox"/> Type A <input type="checkbox"/> Type AB</p> <p><input type="checkbox"/> Type B <input type="checkbox"/> Type O</p> <p><input type="checkbox"/> DNA Available</p>		<p>TATTOOS AND TYPE</p> <p><input type="checkbox"/> Arm, left</p> <p><input type="checkbox"/> Arm, right</p> <p><input type="checkbox"/> Hand, left</p> <p><input type="checkbox"/> Hand, right</p> <p><input type="checkbox"/> Fingers, left</p> <p><input type="checkbox"/> Fingers, right</p> <p><input type="checkbox"/> Chest or neck</p> <p><input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> Back</p> <p><input type="checkbox"/> Other _____</p>		<p>INITIALS</p> <p><input type="checkbox"/> Initials</p> <p><input type="checkbox"/> Name(s)</p> <p><input type="checkbox"/> Words</p> <p><input type="checkbox"/> Pictures</p> <p><input type="checkbox"/> Designs</p> <p><input type="checkbox"/> Pachuco</p> <p><input type="checkbox"/> Numbers</p> <p><input type="checkbox"/> Other _____</p>	
<p>DATE OF REPORT</p> <p>Month Day Year (4 digits)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>					
<p>Reporting Officer's Signature</p> <p>_____</p>					
<p>REVIEWED BY</p> <p>Initials <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>					
<p>DATE REVIEWED</p> <p>Month Day Year (4 digits)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>					
<p>FACIAL CHARACTERISTICS</p> <p><input type="checkbox"/> Birthmarks</p> <p><input type="checkbox"/> Freckles/Moles</p> <p><input type="checkbox"/> Pimples</p> <p><input type="checkbox"/> Pockmarks</p> <p><input type="checkbox"/> Lips/Thick</p> <p><input type="checkbox"/> Nose/Bent</p> <p><input type="checkbox"/> Other _____</p>					

DD-79 (01/01)		NAME OF VICTIM(S)		SEX		BIRTHDATE			
#1 - LAST		FIRST		1=M/2=F		Month Day Year (4 digits)		AGE RACE	
#2 - LAST		FIRST		1=M/2=F		Month Day Year (4 digits)		AGE RACE	
* VICTIM TO OFFENDER		* SCENE OF OFFENSE		TIME OF OFFENSE		CID # FOR STATE USE ONLY			
<input type="checkbox"/> Family <input type="checkbox"/> Extended Family <input type="checkbox"/> Acquaintance <input type="checkbox"/> Stranger		<input type="checkbox"/> Inside of Home/Apt <input type="checkbox"/> Place of Business <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Hospital <input type="checkbox"/> Daycare Center		<input type="checkbox"/> Woods/Forest <input type="checkbox"/> Field <input type="checkbox"/> Street/Road/Alley <input type="checkbox"/> School/College <input type="checkbox"/> Residential Area		<input type="checkbox"/> Between 12 am & 6 am <input type="checkbox"/> Between 6 am & 12 pm <input type="checkbox"/> Between 12 pm & 6 pm <input type="checkbox"/> Between 6 pm & 12 am			
* CRIME		* TYPE OF APPROACH		* CONVERSATION OF ASSAILANT		* RELATIONSHIP TO VICTIM			
<input type="checkbox"/> Penetration (CSC 1st or 3rd) <input type="checkbox"/> Contact (CSC 2nd or 4th) <input type="checkbox"/> Sex w/Mutilates Animals <input type="checkbox"/> Indecent Exposure <input type="checkbox"/> Gross Indecency <input type="checkbox"/> Window Peeking <input type="checkbox"/> Arson <input type="checkbox"/> Obscene Phone Calls <input type="checkbox"/> Obscene Correspondence <input type="checkbox"/> Theft of personal items/clothing <input type="checkbox"/> Homicide <input type="checkbox"/> Other _____		<input type="checkbox"/> Direct/Immediate Assault <input type="checkbox"/> Asks for/Offers Assistance <input type="checkbox"/> Posed as salesman/customer <input type="checkbox"/> Answers ads <input type="checkbox"/> Breaking and Entering <input type="checkbox"/> Posed as police officer <input type="checkbox"/> Claims to be sent by parents <input type="checkbox"/> Knocks/rings bell prior to entry <input type="checkbox"/> Follows/sneaks up from behind <input type="checkbox"/> From concealment (bushes, alley, etc.) <input type="checkbox"/> Loiters in area (theater, home, etc.) <input type="checkbox"/> Meets victim at party, bar, etc. <input type="checkbox"/> Offers job, gift or money <input type="checkbox"/> Pretext of medical treatment <input type="checkbox"/> Posed as utility repairman, etc. <input type="checkbox"/> Solicit sex/prostitute/homosexual, etc. <input type="checkbox"/> Victim lured to assailant's home, etc. <input type="checkbox"/> Babysitter <input type="checkbox"/> Knocks on window <input type="checkbox"/> Writes notes (messages) <input type="checkbox"/> Friendly approach, then exposes/grabs <input type="checkbox"/> Offers alcohol/drugs <input type="checkbox"/> Offender in position of authority <input type="checkbox"/> Internet <input type="checkbox"/> Victim sleeping <input type="checkbox"/> Other _____		<input type="checkbox"/> Apologizes/polite <input type="checkbox"/> Asks victim to meet again <input type="checkbox"/> Abusive/threatening language to victim <input type="checkbox"/> States has been in prison <input type="checkbox"/> States has raped or murdered <input type="checkbox"/> Obscene language during assault <input type="checkbox"/> Reveals racial hostility <input type="checkbox"/> Talkative/asks prior sex experience <input type="checkbox"/> Silent - makes no comment <input type="checkbox"/> Other _____		<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Cousin <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Step-parent <input type="checkbox"/> In-law <input type="checkbox"/> Live-in <input type="checkbox"/> Boyfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Teacher <input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
DURING OTHER CRIME		* CHARACTERISTICS OF OFFENDER		OFFENDER DISGUISE		* TREATMENT OF VICTIM			
<input type="checkbox"/> Breaking & Entering <input type="checkbox"/> Robbery <input type="checkbox"/> UDAA/Car Jacking <input type="checkbox"/> Stalking <input type="checkbox"/> Other _____		<input type="checkbox"/> Dirty <input type="checkbox"/> Clean <input type="checkbox"/> Smells of Intox/Cigarettes <input type="checkbox"/> Narcotics user <input type="checkbox"/> Mentally disturbed/retarded <input type="checkbox"/> Has accomplice <input type="checkbox"/> Left handed <input type="checkbox"/> Possesses/uses obscene material <input type="checkbox"/> Possesses/uses child porn <input type="checkbox"/> Ransacks house <input type="checkbox"/> Rips/cuts telephone <input type="checkbox"/> Smells (body odor, greasy, etc) <input type="checkbox"/> Offers victim liquor, beer, drugs <input type="checkbox"/> Other _____		<input type="checkbox"/> Hood <input type="checkbox"/> Mask <input type="checkbox"/> Hand over face <input type="checkbox"/> Cloth over face <input type="checkbox"/> Silk stocking <input type="checkbox"/> Sunglasses <input type="checkbox"/> Cap/Hat <input type="checkbox"/> Gloves <input type="checkbox"/> Other _____		<input type="checkbox"/> Minimal Force <input type="checkbox"/> Moderate Force <input type="checkbox"/> Excessive Force <input type="checkbox"/> Victim Assaulted (A&B) <input type="checkbox"/> Victim cut/stabbed <input type="checkbox"/> Victim shot <input type="checkbox"/> Victim beat w/weapon <input type="checkbox"/> Offender cuts clothing <input type="checkbox"/> Offender rips/tears clothing <input type="checkbox"/> Grabs w/hand over mouth <input type="checkbox"/> Covers victim's head <input type="checkbox"/> Victim bound <input type="checkbox"/> Victim gagged <input type="checkbox"/> Victim blindfolded <input type="checkbox"/> Victim choked <input type="checkbox"/> Victim kidnapped <input type="checkbox"/> Victim tortured <input type="checkbox"/> Lifts/removes victim clothing <input type="checkbox"/> Removes his/her own clothing <input type="checkbox"/> Other _____			
SEX ACTS		* OFFENDER DRESS		TYPE OF CLOTHING		WEAPON USED			
<input type="checkbox"/> Bites <input type="checkbox"/> Forces victim to masturbate suspect <input type="checkbox"/> Forces victim to masturbate self <input type="checkbox"/> Fondles/sucks breasts <input type="checkbox"/> Fondles victim's genitals <input type="checkbox"/> Intercourse K-9 position <input type="checkbox"/> Licking <input type="checkbox"/> Kissing <input type="checkbox"/> Other _____		<input type="checkbox"/> Neat <input type="checkbox"/> Average <input type="checkbox"/> Poor/sloppy/dirty <input type="checkbox"/> Other _____		<input type="checkbox"/> Suit <input type="checkbox"/> Casual/athletic <input type="checkbox"/> Uniform <input type="checkbox"/> Work clothing <input type="checkbox"/> Nude <input type="checkbox"/> Woman's attire <input type="checkbox"/> Rough/dirty <input type="checkbox"/> Other _____		<input type="checkbox"/> Handgun <input type="checkbox"/> Long gun <input type="checkbox"/> Hands/feet <input type="checkbox"/> Chemical <input type="checkbox"/> Knife/cutting device <input type="checkbox"/> Club/bat/crowbar, etc <input type="checkbox"/> Other _____			
PENETRATION BY OFFENDER				OFFENDER JEWELRY					
<input type="checkbox"/> Penis <input type="checkbox"/> Finger <input type="checkbox"/> Tongue <input type="checkbox"/> Foreign object				<input type="checkbox"/> Rings <input type="checkbox"/> Watch <input type="checkbox"/> Necklace <input type="checkbox"/> Earrings <input type="checkbox"/> Other _____					
PENETRATION OF VICTIM				VEHICLE INVOLVED					
<input type="checkbox"/> Vagina <input type="checkbox"/> Anus <input type="checkbox"/> Mouth <input type="checkbox"/> Other _____				<input type="checkbox"/> Victim's vehicle <input type="checkbox"/> Offender's vehicle <input type="checkbox"/> Victim assaulted in vehicle <input type="checkbox"/> Victim forced into offender car <input type="checkbox"/> Victim forced into own car <input type="checkbox"/> Hides in victim's car		<input type="checkbox"/> Follows victim in vehicle <input type="checkbox"/> Exposes from car <input type="checkbox"/> Victim willingly enters/allows entry of vehicle <input type="checkbox"/> No car involved <input type="checkbox"/> Other _____			
FETISH									
<input type="checkbox"/> Feet <input type="checkbox"/> Rubber <input type="checkbox"/> Glitter <input type="checkbox"/> Women's clothing <input type="checkbox"/> Feathers <input type="checkbox"/> Other _____									
OFFENSE SUMMARY (PLEASE PRINT)									

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Michigan State Police

SUMMARY CON'T

PLEASE ATTACH PHOTO
HERE